PTO/SB/17 (16-68)
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Under the Pa	perwork Reduction A	equired to	respond to a collectio				s comot numbe		
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009					Complete if Known Application Number 10/562,152-Conf. #6578				
							ebruary 21, 2008		
					First Named Inv		ing-Nack LEE		
					**************************************		C. R. Tate		
X Applicant claims small entity status. See 37 CFR 1.27					Art Unit:	1	655		
TOTAL AMOUNT OF PAYMENT (\$) 555.00				Attorney Docket I	0662-0199PUS1				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Sirch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	-,	FILING F			ARCH FEES	EXAMIN	ATION FEES		
6 antinosian T.	una Eas		all Entity	Enn (¢	Small Entity	Enn (\$)	Small Entity	Enne	Paid (\$)
Application Ty		<u>> (\$)</u> 30	Fee (\$) 165	Fee (\$) <u>Fee (\$)</u> 270	Fee (\$) 220	<u>Fee (\$)</u> 110	rees	C 9177 (5)
Utility									
Design		20 20	310	100	50	140	70 96		
Plant		20 20	110	330	165	170	85		
Reissue		30	165	540	270	650	.325		
Provisional	2	20	110	0	0	0	0	· · · · · · · · · · · · · · · · · · ·	,i
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)									
ree beautionor									
1				52 220	26 110				
Each independ:				390	195				
Multiple dependent claims				نبو	D-1-1 (#1)	se.	ikinin Danana		
Total Claims 10	Extra Cla - 20 or HP	iims Fe	Fee (\$)				ultiple Dependent Claims e (\$)		
10	ber of total claims pair	t for if oreas	er than 20			ree	2 (\$) E	ee raiu (21
Indep. Claims	Extra Cla		ee (\$)	F	se Paid (\$)				*****
^	3 or HP =	* * *	=						
HP = highest number of independent claims paid for digreater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheet			***************************************		dditional 50 or frac				Paid (\$)
106 =/50 =(round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-Englis's Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 2253 Extension for response within third month 555.00									
SUBMITTED SY		20 A A		*****************			PARENTE PARENT		
Signature	(1,77,,277,		<u> </u>		Registration No. (Attorney/Agent)	39,538	Telephone	(703) 20	5-8000
Name (Print/Type)	James T. Eller	, Jr.	7				Date	June 29	3. 2009